

THE SCOTTISH OFFICE

Management Executive

COMMON SERVICES NHS MEL (1994)50

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Dear Colleague

MEETING THE SPIRITUAL NEEDS OF PATIENTS AND STAFF

National Health Service in Scotland

29 April 1994

Summary

The Patient's Charter sets out a universal standard of care and respect adopted by all NHS staff. This makes it clear that people can expect NHS staff to acknowledge their spiritual needs and aspirations and be sensitive to the wide variation in the values and cultural background of their patients. In support of this, employing authorities in the NHS should make every effort to provide for the spiritual needs of patients and staff. As far as reasonably possible, this provision should recognise the needs of people whether or not they adhere to any particular religion or set of beliefs.

Action

- Adequate provision should be made for the spiritual needs of patients and staff and employing authorities should satisfy themselves that there is ready access to information about the availability and location of chaplaincy services. When deciding how to provide these services, the local community should be consulted.
- In considering the provision to be made, the guidance in the Annex to this letter may be helpful.
- This letter should be copied to Unit General Managers for information.

Yours sincerely

A J MATHESON Director of Manpower

Addressees

For action: General Managers, Health Boards General Manager, Common Services Agency General Manager, State Hospital General Manager, Health Education Board for Scotland

For information: Chief Executives and Chief Executives Designate, NHS Trusts General Manager, Post-Graduate Medical and Dental Education

To be copied to Unit General Managers for information

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ANNEX

MEETING THE SPIRITUAL NEEDS OF PATIENTS AND STAFF: GOOD PRACTICE GUIDANCE

PROVISION OF SERVICES

- 1. The spiritual needs of patients and staff may be met by:-
 - 1.1 Contracting with relevant religious or spiritual organisations for the appointment of chaplains where appropriate or for the provision of spiritual care on a sessional or other basis;
 - 1.2 Facilitating visits to patients by their religious leaders or spiritual advisers on a voluntary basis; and
 - 1.3 Ensuring that details of the availability and location of chaplaincy services are communicated to patients and staff.
- 2. Patients and staff should have reasonable facilities for religious observance. Wherever practicable a room should be set aside for permanent use as a chapel or a room or rooms set apart for equivalent purposes. These facilities should be put at the disposal of any religious group who may wish to use them. Within reason any accessories to worship required should be provided. Storage facilities for these and any items provided by religious organisations should be available.
- 3. In deciding what facilities are appropriate for each religious group, hospitals should consider issues such as:-
 - 3.1 the numbers of patients in the group;
 - 3.2 the nature of spiritual support and services appropriate to that belief; and
 - 3.3 local administrative and management arrangements.

Local communities and religious organisations should be consulted as necessary to advise on these issues.

- 4. Hospitals can seek the advice of national or local religious organisations on issues such as:-
 - 4.1 appropriate services to be provided by chaplains; and
 - 4.2 the qualification for and restrictions on carrying out rites or ceremonies.
- 5. It is for hospital management to decide what arrangements should be made for co-ordinating the services of those meeting the spiritual needs of patients and staff and for consulting them on management arrangements and service provision. NHS circular SHM8/1964 contains advice on Religious Services and Appointment of Chaplains.

APPOINTMENT OF CHAPLAINS

6. Further advice on the appointment of chaplains was issued under cover of SHHD/DGM(1986)48 dated 3 December 1986.

CONFIDENTIALITY AND PATIENTS RIGHTS

7. Hospital management should continue to record the religious persuasion of patients where they are willing to declare this. Management also has a duty to ensure that information about a patient is not passed to any religious organisation or its members outside the hospital without that patient's consent.